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Dr. Blane Christman, Chairman
Governor's Task Force to Improve Access to Oral Health
P.O. Box 7850
Madison, WI 53707-7850

Dear Dr. Christman;

I am sorry that this is long, but I have a lot to say. I am a general pediatrician and have been working in Ashland and Bayfield Counties for 15 years. I can not stress enough our difficulty in getting appropriate dental care for our children. It is disheartening to witness the lowered self-esteem from blackened and missing front teeth, and poor oral intake from dental pain that I have seen in my clinics over the years.

For 15 years I have sent children with advanced dental decay 3-5 hours away for dental care, or only occasionally been able to beg and cajole one of my local dentists (personal friends) to take an occasional child. But when I do this, my clinic has provided reminder calls and ensured that families have transportation. For 13 years I have met on and off with our area dentists, and discussed these problems. The dentists are good people, and for the most part are also concerned about the problem. It is simply too big for them. As a consequence, some of our dentists refuse to take any MA; some refuse any new MA families and some simply don't feel comfortable with children. The reasons for not taking MA are many; although reimbursement is, I'm sure, what you hear about most at the state level.

The issue is bigger than that. Our families love and care about their children, but they live in impoverished circumstances and chaotic social situations; often not knowing where they will sleep or get the next meal. Brushing teeth has just gotten a back seat to other emergencies. We have several generations of people who have not had adequate dental care. They simply do not know how to brush, the importance of brushing, that dental decay can be prevented, that early childhood carries are infectious, that gingival inflammation contributes to premature birth and that bleeding of the gums will stop with regular brushing.

A dentist sets aside 1 hour to see a child. That is 1/8th of the daily income for his/her entire staff. If the patient no-shows, that's a big bite. If the patient shows, and is a new MA patient, chances are he/she needs a more than an hour as the hygiene and preventive care has not been addressed and the teeth and gums are a mess. Dentists can not very well double book as physicians often do.

I recently had the pleasure of being trained in infant and perinatal oral health by Nancy Rublee, an amazing and energetic oral hygienist from Price County. The awareness she brought to me is that with prevention we can lighten the dentist's load. My hope is that then the dentists will be more willing to work with these families. We have begun these discussions locally, but it will take time for the dentists to realize the changes we are already making.

In the past, I became aware of children's dental problems when they were acute or long standing. Now I take time to admire Mother, Dad and Grandma's smile whenever they bring a child in to see me. I routinely see plaque and gingival irritation. I begin a non-threatening discussion about infant dental problems (they have all seen kids with black and painful teeth) and that cavities are infectious and preventable. Sometimes I hear that everyone in the family has bad teeth, so the baby will too, sometimes I hear that they would brush, but they can't because their gums bleed. I dispel these myths and nearly 100% of the time, the next time I see the parent their visible plaque is gone and the red swollen gums are healed. I can then compliment and congratulate and concentrate on other issues.

Many of my teen patients do not know how to brush. These are harder to work with. I began just giving them brushes and pep talks, but nothing changed. Now, when they come in for head ache or sinus problem, I hand them a brush and ask them to show me how they brush. Their technique generally consists of running their brush lightly over the chewing surfaces of their teeth, and sometimes even brushing their tongue, but they universally show no knowledge of the need to clean at the gum line or floss. I demonstrate, with models, in their mouth, whatever. Their mother's watch open mouthed. Guess what? When they come back for re-check of their sinus infection or ADHD, not only the teen, but also mother's mouth is cleaner. I then pep talk then and give encouragement, and dental floss samples. Sometimes I see them back just to check on their teeth. Eventually, they have clean (if previously decayed) teeth, and are past their embarrassment and fear of chastisement and in line to see our local dentist.

I am lucky. I have a wonderful dentist (Dr. Pat Brown) who practices at the Red Cliff Community Health Center where I work. I also have the luxury to spend time with my patients. I left my job with SMDC, in Ashland, which was much more lucrative, because I simply was pushed to see children faster and faster. I think the production issue is huge for most physicians, and the kind of time and care that I can give at Red Cliff is impossible for most.

I am simply pointing out that a high degree of dental training is not needed to significantly impact the lives of these children and their teeth. When families are given education and guidance in a respectful, non-intimidating and caring way, they make changes for the good of their children.

I encourage the state to embrace a program where public health nurses and primary care physicians are given education about oral health and prevention (a la Nancy Rublee) and where dental hygienists are allowed to practice responsibly and independently (much as nurse practitioners do). When providers understand the dental issues they will find opportunities to encourage families and make referrals to visit dental hygienists for the kind of intensive teaching and cleaning that is needed. Once we get these prevention programs well in place, there will be much lighter load for the dentists when we do need to have their help.

Makes since, doesn't it? And it shouldn't cost all that much. Compare the salary of public health nurses and dental; hygienists to the cost of sedation and restorative work in the hospital setting. Practicing dentists will be glad in the long run to have this problem tackled approached in a constructive manner.

If you like bullets:

- Reinterpret the statutes to allow state licensed dental hygienists to practice without direct supervision or prescription from a licensed dentist.
- Allow state licensed dental hygienists to be self regulated.
- Allow medical clinics, public health departments and hospitals to hire dental hygienists to provide oral health evaluations and perform routine prevention services.
- Educate primary care physicians about the impact they can have on infant and maternal oral health.

I am for the first time hopeful about the dental situation in our counties. I am sure that the state Task Force can create meaningful change on a statewide level. As you might guess, I have a lot of stories, ideas and experience on the front lines. Thanks to Nancy Rublee (a dental hygienist) and her ideas and education, I feel like I am finally making a difference for these children's teeth. Please let me know if I can be of further assistance.

Thank you for your time and attention.

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